

# CONCUSSION INFORMATION SHEET



I hereby acknowledge that I have received the Concussion Information Fact Sheet distributed by Rancho Cordova Little League as required by State of California AB379.



\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Player Name

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Player Team Name



TO LEARN MORE GO TO >> [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)

JOIN THE CONVERSATION AT

↳ [www.facebook.com/CDCHEADSUP](http://www.facebook.com/CDCHEADSUP)